

Registering as a Multiple Provider for Illinois Department of Public Health Meaningful Use

Please read before proceed with the survey

Select the Individual Option when:

- You are registering for an Eligible Professional (EP) or individual provider under a single Provider Site
- You are registering for an individual Eligible Hospital (EH)

Select Multiple Provider Option when:

- You are registering multiple Eligible Professional (EP) or providers under a single Provider Site
- You are registering multiple Provider sites with either multiple Eligible Professional (EP) or providers listed under each site (sites must be connected to the same EHR server/database location)
- You are registering for multiple Eligible Hospital (EH) sites (all sites must be connected to the same EHR server/database location)

Health System Multiple Provider Spreadsheet Information (Open from the Introduction Page)			
Health System Multiple Provider Spreadsheet Column & Question	Required?	Question:	Additional Information
Health System Multiple Provider Spreadsheet Column A:	Yes	Are you applying for the Medicaid/Medicare EHR incentive?	If you are not applying for the EHR Incentive program you should still complete the registration process. Following this process will ensure that you receive the HL7 credentials and connectivity information you will need to submit HL7 messages to IDPH.
Health System Multiple Provider Spreadsheet Column B:	Yes	NPI# of Individual EP (Eligible Professional or Hospital NPI#	NPI numbers are required for all EPs and EHs in this column. NPI is a 10 digit number.
Health System Multiple Provider Spreadsheet Column C:	Yes	Name of Individual Professional or Individual Eligible Hospital	Add the EH's or EP's (Doctor/Nurse Practitioner) name that is the owner of the NPI# listed.
Health System Multiple Provider Spreadsheet Column D:	Yes, if using Group NPI to apply for MU	Enter the Group NPI#	Required for group practices.
Health System Multiple Provider Spreadsheet Column E:	Yes, if hospital	Is this a hospital?	Answer Y or N
Health System Multiple Provider Spreadsheet Column F:	Yes, if hospital	Enter CCN Number) for EH's (Eligible Hospitals)	CCN is the Medicare Certification Number, a 6-digit number
Health System Multiple Provider Spreadsheet Column G:	Yes	Enter the MU reporting period start date	Use the format MM/DD/YYYY. This is the start date for this facilities 90-day attestation reporting period.

Health System Multiple Provider Spreadsheet Column & Question	Required?	Question:	Additional Information
Health System Multiple Provider Spreadsheet Column H:	Yes	Enter the MU reporting period end date	Use the format MM/DD/YYYY. This is the end date for this facilities 90-day attestation reporting period.
Health System Multiple Provider Spreadsheet Column I, J, K, L, M:	Yes	Enter the Provider Facility's Name, Street Address, City, Zip Code, County	Enter for the EP's practice or hospital.
Health System Multiple Provider Spreadsheet Column N, O, P, Q, R:	Yes	Enter the Provider Facility Contact Person's Name, Position, Phone, Phone Ext., Email address	
Health System Multiple Provider Spreadsheet Column S:	No	Enter the Tax ID	Needed by HFS for auditing purposes
Health System Multiple Provider Spreadsheet Column T:	Yes	Enter the Provider Facility's ICARE account number	This number begins with 777, 888 or ELR.
Health System Multiple Provider Spreadsheet Column U:	Yes For Immunization MU reporting only	If the Provider Reporting to ICARE via ILHIE / Public Health Node?	Enter Y or N. This informs IDPH if the provider/hospital has already been assigned an account to send data in production
Health System Multiple Provider Spreadsheet Column V:	Yes For Immunization MU reporting only	Is EHR configured to capture the ICARE HL7 Fields?	Enter Y or N. Informs IDPH that the provider has reviewed ICARE's HL7 specifications and is sending the required fields.
Health System Multiple Provider Spreadsheet Column W:	Yes, For Immunization MU reporting only	Does the Site Participate in the IL Vaccines for Children (VFC) program?	Enter Y or N. This means that you have enrolled in the VFC program to order and receive shipment of free vaccines from IDPH for patients younger than 19 years of age that are on Medicaid, underinsured, uninsured, or Native American/Alaskan Native. Additional fields in the HL7 message are required for VFC providers.
Health System Multiple Provider Spreadsheet Column X:	Yes For Cancer Registry Reporting Only	Enter the Physician License Number	
Health System Multiple Provider Spreadsheet Column Y:	Yes For Cancer Registry Reporting Only	Enter the Provider's Type of Practice (i.e. Medical Oncology, Hematology, etc.)	
Health System Multiple Provider Spreadsheet Column Z:	Yes For Cancer Registry Reporting Only	Enter the Provider's Practice Association with other Medical Practices, if any	
Health System Multiple Provider Spreadsheet Column AA:	Yes For Cancer Registry Reporting Only	Is the Provider a Certified Tumor Registrar (CTR)?	Enter Y or N
Health System Multiple Provider Spreadsheet Column X:	Yes For Cancer Registry Reporting Only		
Once completed, save the Excel spreadsheet. You'll be asked to upload it into the survey after Section 4.			

Section 1: EHR Incentive Program Info			
Survey Question	Required?	Definition	Additional Information
Are you registering for Illinois Public Health Meaningful Use Stage 1 or 2?	Yes	Click on either Stage 1 or Stage 2	Registration of Intent is required by federal ONC for Stage 2. However, IDPH is using this Registration database to track and process Stage 1 onboarding requests.
Are you applying for Medicaid, Medicare, or Dual?	Yes	Click on the appropriate answer: Medicaid, Medicare or Dual.	
Are you registering as:	Yes	Click on the appropriate answer: Provider or Hospital	If you are registering for a Hospital the CCN# (Medicare Certification Number) is Required.
Select each of the following public health systems for which you intend to onboard. <ul style="list-style-type: none"> • ICARE (Illinois Comprehensive Immunization Registry Exchange) • ELR (Illinois Disease Surveillance System Notifiable Lab Reporting) • ISSS (Illinois Syndromic Surveillance System)) • ISCR (Illinois State Cancer Registry) 	Yes	Select each of the following public health systems for which you intend to onboard.	
Click the Next Button			
Section 4: Health Care EHR			
Survey Question	Required?	Definition	Additional Information
Health or Provider Organization Affiliation	Yes	The Health or Provider Organization Affiliation name will be prefilled with the Name of the Provider or Hospital Site Name.	
EHR Information			
Current EHR Vendor	Yes		
EHR Product & Version	Yes		
ONC Certified EHR Number	Yes	The ONC# must be 15 digits with a combination of letters and numbers.	Click on this link to find your ONC# (The Office of the National Coordinator for Health Information Technology – Certified Health IT Product List): ONC Certified EHR Number
What Version of the HL7 is the EHR using?	Yes	Choose 2.3.1, 2.5.1 or both versions from the drop down choices.	The certified EHR should support HL7 version 2.3.1 and/or 2.5.1.
Technical (IT) Contact Person			
Technical Contact Name	Yes	This should be a Health System IT support person or can be the EHR Vendor support person.	
Technical Contact Position	Yes		

Survey Question	Required?	Definition	Additional Information
Technical Contact Phone	Yes		
Technical Contact Phone Extension	No		
Technical Contact Organization	Yes	Enter the Organization for which the Technical Contact works.	
Technical Contact Email	Yes		
Where the IDPH Meaningful Use Confirmation Will be Sent			
Name	Yes	This is an official notice that their MU HL7 test message was successfully validated by IDPH. Add the Name of the person that you want to receive a copy of the IDPH confirmation.	This confirmation will also be sent out in an email to the Technical Contact person. The person that receives this letter should make sure it gets forwarded to the EP(s) or EH(s) that is attesting for the MU incentive.
Position	Yes	Add the position of the person here.	
Address	Yes	Add the address here.	
City	Yes	Add the name of the City here.	
Zip	Yes	Add the zip code here	
Email	Yes	Add the email address here	
Click the Next Button			
Upload the Meaningful Use Multiple Provider Spreadsheet			

Verify Your Data: A review screen will appear. Please verify that all the data entered are correct. You are able to save, refresh, or print that data presented on this page by clicking the appropriate icons on the right-side of the navigation pane.

Confirm: Click the link at the bottom of the screen to confirm this information is correct.

Submit: You will receive this message if your information was submitted successfully: Congratulations. Your request has been successfully submitted for processing.

Next Steps:

- 1) Your information will be verified by IDPH staff
- 2) You are now in IDPH's on-boarding queue. Please await invitation from IDPH, at which time questions and assistance can be provided. Due to high demand for public health reporting, IDPH will prioritize those in the testing and validation phase, as resources allow.